



APPLICATION FOR CREDIT

Name of Firm Applying for Credit
Trade Name
Address
City, State and Zip Code
Telephone
Fax
Years at Address
AP Contact
AP Telephone
AP Email

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICTEST CONFIDENCE

Years in present business [] Corporation [] Partnership [] Individual

PRINCIPALS:

Name Home Address Zip Code Phone Fax

Requested Credit Limit

THE FOLLOWING INFORMATION IS ESSENTIAL FOR COMPLETION OF THIS APPLICATION

BANK:

Name Address Zip Code Phone Fax

ACCOUNT NUMBER

BANK CONTACT

TRADE REFERENCES:

Name Address Zip Code Phone Fax

We verify that all information contained herein is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extending credit in accordance with our terms. Standard terms are 30 days and any deviation requires approval from the credit department.

DATE SIGNED
Tax Exempt # TITLE
Sales Representative #

FOR ALL YOUR JANITORIAL NEEDS